

## **Harassment Investigation Procedures**

### **Complaint Procedure**

An employee who is subject to, or knows of harassment shall notify his/her supervisor, the designated investigator. The alternate investigator is the superintendent. The investigator may request that the employee complete the Harassment Complaint form and turn over any evidence of the harassment. Information received during the investigation shall be kept confidential to the extent possible. The investigator has the authority to initiate a harassment investigation in the absence of a written complaint.

### **Investigation Procedure**

The investigator shall reasonably and promptly commence the investigation upon receipt of the complaint. The investigator shall interview the complainant and the alleged harasser. The alleged harasser may file a written statement refuting or explaining the behavior outlined in the complaint. The investigator may also interview witnesses as deemed appropriate.

Upon completion of the investigation, the investigator shall report the findings of the investigation to the superintendent.

### **Resolution of the Complaint**

The superintendent or designee will complete the next step in the investigation reasonably and promptly upon receipt of the investigator's report. Following the investigator's report, the superintendent or designee may investigate further, if deemed necessary, and make a determination of the appropriate next step which may include discipline up to and including dismissal.

Prior to the determination of the appropriate remedial action, the superintendent or designee may, at the discretion of the designated investigator, interview the complainant and/or the alleged harasser. The superintendent or designee shall file a written report closing the case. The complainant, the alleged harasser, and the investigator shall receive notice as to the conclusion of the investigation.

If the complaint is not satisfactorily settled at the Board level, the employee may appeal to the U.S. Department of Labor, Equal Employment Opportunity Commission or Oregon Bureau of Labor and Industries; the student may appeal to the Regional Civil Rights Director, U.S. Department of Education, Office for Civil Rights, Region X, 915 2nd Ave., Room 3310, Seattle, WA 98174-1099. Additional information regarding filing of a complaint may be obtained through the building principal, compliance officer or superintendent.

All documentation related to harassment complaints may become part of the student's education record or employee's personnel file as appropriate. Additionally, a copy of all harassment complaints and documentation will be maintained as a confidential file and stored in the district office.

The superintendent shall report the name of any person holding a teaching license or registered with Teacher Standards and Practices Commission (TSPC) or participating in a practicum under Oregon Administrative Rule (OAR) 584-015-0070 or 584-016-1075 when, after appropriate investigation, there is reasonable cause to believe the person may have committed an act of harassment. Reports shall be made to the TSPC within 30 days of such a finding. Reports of contact with a student shall be given to law enforcement representatives or Services to Children and Families representatives as possible child abuse. In the event the superintendent is the subject of the investigation, reports, when required, shall be made by the Board chair.

**SEXUAL HARASSMENT COMPLAINT FORM**

Name of complainant: \_\_\_\_\_

Position of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged harasser: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

Description of misconduct: \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

Evidence of sexual harassment, i.e., letters, photos, etc. (attach evidence if possible): \_\_\_\_\_

Any other information: \_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Northwest Regional Education Service District**  
5825 NE Ray Cir, Hillsboro, OR 97124 | (503) 614-1428

**WITNESS DISCLOSURE FORM**

Name of Witness: \_\_\_\_\_

Position of Witness: \_\_\_\_\_

Date of Testimony/Interview: \_\_\_\_\_

Description of Instance Witnessed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_